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CONTAE DHÚN NA NGALL

(ROINN NA SLÁINTE PUIBLIDHE)

FIRST
ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

1930

LIFFORD, CO. DONEGAL.
PRINTED BY THE PEOPLE'S PRESS, LTD., PRINTERS.
1931

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ROINN NA SLÁINTE PUIBLIDHE,

SRATH AN URLÁIR,

CO. DHÚN NA NGALL.

To the Chairman and Gentlemen of the
Donegal County Board of Health.

A Dhaoine Uaisle,

I have the honour, in accordance with the requirements of the County Medical Officers of Health Order, 1926, paragraph 28, to submit herewith my Annual Report for the year 1930.

As County Health Departments are not built up in a year, it will be understood that this, my first Report, is intended to be a general Survey of the Health and Sanitary Conditions of the County rather than a record of achievements effected.

I take this opportunity of thanking the Medical Members of my Staff and my Colleagues in the County for their loyalty and co-operation, the Press for the very useful publicity they have given my reports, and your Secretary for the manner in which he assisted me during my early months in office. Finally, I wish to thank the Members of the Board of Health for the consideration and courtesy they have at all times extended to me.

Is mise, le meas mór,

SEÁN Ó DEAGHA

Liaigh-Fheadhmannach Contae.

DONEGAL BOARD OF HEALTH

STAFF OF PUBLIC HEALTH DEPARTMENT

YEAR ENDING 31st. DECEMBER, 1930

County Medical Officer of Health :—

SEÁN Ó DEAGHA, B.Sc., M.B., B.Ch., B.A.O., B.Sc.P.H.

Assistant County Medical Officers of Health :—

MICHEÁL Ó FEARGHAIL, M.B., B.Ch., B.A.O.,
D.P.H., T.D.D.

CATHERINE M. O'BRIEN, M.B., B.Ch., B.A.O., D.P.H.

School Dentists (Temporary and Part Time) :—

JOSEPH R. KELLY, B.D.S.

VINCENT J. CALLAGHAN, L.D.S.

Public Health Nurses :—

Full Time ... Miss SARAH McLAUGHLIN.

Miss MABEL M. CAMPBELL.

Part Time ... THE DISTRICT AND JUBILEE NURSES

employed in the following areas :—

Annagry, Arranmore, Ballyshannon,
Buncrana, Bruckless, Derrybeg,
Drumholm, Falcarragh, Glencolumb-
kille, Letterkenny.

Secretary :—

SÉAMUS Ó CEALLAIGH.

ANNUAL REPORT

OF THE

County Medical Officer of Health

County Donegal

1930

POPULATION

Donegal is a maritime County with an area of 1,201,408 Statute acres. The population at the Census, taken in 1926, was 152,508. The maximum population was reached in 1841, since which year there has been a continued decline. Comparing the census return of 1926 with that of 1841, there was, in the eighty-six years, a decrease of 143,937 persons, or 48.55 per cent of the 1841 population. During the sixteen years that elapsed since the previous census, that of 1911, the population had decreased by 16,029 persons, or 9.5 per cent.

Prior to the establishment of the Irish Free State, the City of Derry was the Business and Geographical Capital of the County, and there is no town in Donegal with a population of 2,500. Buncrana is the town with the highest population figure (2,309); Letterkenny comes next with 2,308, and Ballyshannon third with 2,112. Bundoran exceeds the 1,000 figure by 339, and Donegal town by 272. There are twenty-one towns with populations ranging between 1,000 and 200, and sixteen with populations between 200 and 100 (or slightly under).

There are three Urban Areas in the County, namely, Buncrana, Bundoran, and Letterkenny.

OCCUPATION

The large majority of the people live on and by the land. Except in the eastern and extreme southern portions of the County, the bulk of the holdings are small and the soil is poor in quality. Over large areas in the County—despite rather intensive

cultivation—it would be impossible for the householders to provide for themselves and their families out of the products of their farms alone, and they have long been forced to supplement the family income in various ways. It has been the custom, for many years past, for the young men and women of the poorer areas to hire themselves out for months at a time to the larger farmers at home and in Great Britain, and also for batches of young girls to go to work during the fishing season in some of the English Fishing Centres.

Families along the sea-board once derived a good living from the sea, but, for one reason or another, this profitable industry has fallen into abeyance and nowadays, the fishing-boats which ply off the Donegal Coast and land their catches in our harbours, are, with very few exceptions, foreign.

“Cottage Industries,” such as knitting and embroidery, helped to a considerable extent, as did also hand-weaving. These rural industries, as well as the Kelp and Carraigin Moss industries, are now being re-organised by a Government Department, and it looks already as if they were well on their way to becoming a bigger source of revenue than at any time in their history.

There are, in addition, some Shirt Factories and a few Woollen Mills—all flourishing and expanding—in the County.

Emigration, here as elsewhere in the country, has played a very important part in the economic life of the people; and, while one is accustomed to hear it decried as an unmitigated evil, it is difficult to see how many families could have managed to exist on mountain slopes and by the bleak sea-shore in the absence of the Money Orders which reached them regularly from their kin abroad. The worst feature of what appears to have been in the past a necessary evil is that emigration has now become so firmly established as part of the life of the people of the Gaeltacht and Breae-Ghaeltacht that, even granted the opportunities of a livelihood at home, the tendency amongst them would still be to emigrate.

HOUSING

According to the Census of the year 1926, the number of private families in the County was 31,816, the average number in each family being 4.6. The total number of houses was 35,600 (as against 37,444 at the 1911 Census) of which 32,012 were inhabited, 3,945 were uninhabited, and 93 were in process of being built. There were in the County 25,842 Occupiers or Heads of Families, who were in occupation of less than five rooms, being 81.2 per cent. of the total for the County. Of these 1,818, or 5.7

per cent of the families in the County occupied one room ; 12,226, or 38.7 per cent. two rooms ; 7,151, or 22.4 per cent., three rooms ; and 4,647, or 14.6 per cent., occupied four rooms.

There were in the County 594 tenements, in which a room had only one occupant ; 434 cases where the room had two occupants ; 233 cases where the room had three occupants ; 159 where the room had four occupants ; 138 where the room had five occupants ; 116 where the room had six occupants ; 72 where the room had seven occupants ; 31 where the room had eight occupants ; 21 where the room had nine occupants ; 13 where the room had ten occupants ; 5 where the room had eleven occupants ; and 2 where the room had twelve or more occupants.

OVERCROWDING

In Statistics generally, families having more than two persons per room are considered to be "overcrowded"—that is, 2 rooms with five or more persons, 3 rooms with seven or more persons, 4 rooms with nine or more persons, 5 rooms with eleven or more persons, etc., are said to be overcrowded. Taking this as our standard of overcrowding, we find that the housing in the rural areas of Donegal is much worse than in any other County in Ireland, with the exception of Mayo, the percentage of persons living in dwellings with more than two persons per room being 40.8 per cent. of the population.

Our towns, however, are more fortunately circumstanced in this regard, and compare very favourably with those of other Counties and especially with those of the Gaeltacht Counties in other Provinces. Of the thirteen towns in the County with a population of over 500, Moville has 5.7 per cent. overcrowded, Rathmullan 9.3 per cent., Killybegs 10.3 per cent., Donegal 11.4 per cent., Ballyshannon 12.1 per cent., Bundoran 14.7 per cent., Raphoe 15.7 per cent., Ballybofey 16 per cent., Carndonagh 16.1 per cent., Ramelton 18.3 per cent., Buncrana 19.4 per cent., Letterkenny 20.4 per cent., and Dungloe 25.2 per cent.

Apart from the alarmingly high "overcrowded" percentage as revealed in the Registrar General's Report—from which the above figures were obtained—there is the sanitary aspect to be considered. Over large areas of the County, the houses are of the old thatched-dwelling type with clay floor, dark, damp, poorly ventilated, with indifferent approach, and so situated as regards to site that adequate drainage of the surroundings could not be effected. Under such conditions, it is not to be wondered at that the percentage of ill-health caused by bad housing has in some areas been estimated by District Medical Officers of Health at a very high figure.

As the mass of the holdings are of the variety usually descri

bed as uneconomie, the question of providing proper and adequate housing accommodation in this County presents a problem of such magnitude that, in my view, only a well-considered and bold national plan can solve it within a reasonable period. The recent Gaeltacht Housing Act will help a number of occupiers in Donegal—it is encouraging to hear that a goodly number of applications are being made in the County for the grants thus made available—and it is to be hoped that the time will soon arrive when this Act will be extended so as to encourage and subsidise, in substantial fashion, private endeavour in parts of the County not included in the Gaeltacht.

One very hopeful aspect of the matter, as far as Donegal is concerned, is that where the houses are fairly modern the occupiers keep them in good repair, tidy and clean. The worst offenders in the matters of general uncleanness and untidiness of the home are to be found in the more inland parts, where sheer carelessness and indolence appear to me to be the main causes of much of the revolting conditions which it has been my lot to come across from time to time during the course of the year.

VITAL STATISTICS

The following particulars for the year 1930 are taken from the Registrar-General's Quarterly Returns, the various rates being estimated on the 1926 population figure and uncorrected for transfers.

1	Number of Births	2,636.
	Rate per 1,000 of the population.. .. .	17.
2	Number of Marriages	614.
	Rate per 1,000 of the population.. .. .	4.
3	Number of Deaths from all causes	2,078.
	Rate per 1,000 of the population.. .. .	13.6
4	Number of Deaths from Pulmonary Tuberculosis ..	149.
	Rate per 1,000 of the population	0.9
5	Number of Deaths from all forms of Tuberculosis ..	192.
	Rate per 1,000 of the population	1.3
6	Number of Deaths from Cancer	141.
	Rate per 1,000 of the population	0.9
7	Number of Deaths of Infants under 1 year.. .. .	169.
	Rate per 1,000 Births	64.
8	Number of Deaths from Principal Epidemic Diseases	37.
	Rate per 1,000 of the population.. .. .	0.24
9	Number of Deaths from Puerperal Sepsis	0.
	Rate per 1,000 Births	0.

10	Number of Deaths from other Puerperal Conditions..	10.
	Rate per 1,000 Births	3.8

A comparison of the figures for the three years 1928, 1929 and 1930 shows a decline in the Birth Rate and in the General Death Rate for the County—vide table on this page.

COUNTY DONEGAL.							1928	1929	1930
Rates for									
Birth Rate							17.88	19.94	17.00
Death Rate							13.94	14.68	13.60
Infant Mortality Rate							50.00	54.00	64.00
Death-Rate from Tuberculosis							1.09	1.17	1.30
Death-Rate from Cancer							0.95	0.90	0.90
Death-Rate from Principal Epidemic Diseases							0.30	0.30	0.24

There is, however, an increase in both the Infant Mortality and the Tuberculosis Death Rates. The Death Rate from Cancer has maintained, more or less, the same level over the three years, while the year 1930 is marked by a welcome decline in the Death Rate from the principal Epidemic Diseases (Enteric Fever, Typhus, Small Pox, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Dysentery).

The excess of Births over Deaths for the year 1930 was 558, the corresponding figures for the years 1928 and 1929 being 601 and 497 respectively.

Among the 2,078 deaths registered in the County, 788 were not certified by medical practitioners, nor were inquests into their causes held. They constitute almost 38 per cent. of the total mortality in 1930, as against 42 per cent. for each of the years 1928 and 1929. This lack of certification must take somewhat from the value of our statistical figures in so far as they regard the causes of death.

The number of inquests held during the year 1930 was 24, or one inquest for every 87 deaths.

INFECTIOUS DISEASES

The Infectious Diseases notified to me during the year 1930 are classified on the next page opposite the Dispensary Districts in which they occurred.

Dispensary District.	Tuber- culosis	Enteric Fever	Diph- theria	Searlet Fever
Ardara.. .. .	12	—	1	—
Ballintra	—	—	—	—
Ballyshannon	9	—	—	—
Buncrana	7	4	3	—
Carndonagh	10	—	—	1
Carrick	11	1	2	1
Castlefin	7	2	—	—
Churehill	3	—	—	—
Cloghan	5	1	—	—
Clonmany	5	6	16	—
Cross Roads No. 1	12	9	—	—
Cross Roads No. 2	9	1	—	—
Donegal	6	5	—	—
Doochary	1	—	—	—
Dunfanaghy	1	1	—	—
Dungloe No. 1	2	—	—	—
* Dungloe No. 2	8	2	—	1
Dungloe No. 3	12	—	—	—
Dunkineely	11	2	1	—
Fannett	10	2	1	5
Glenties	22	1	—	6
Kilderry	11	—	2	2
Killea	—	—	—	3
Killybegs	5	1	—	—
Killygordon	1	10	—	—
Kilmacrenan & Milford	8	—	—	2
Laghey	2	—	—	—
Letterkenny	7	2	5	7
Malin	3	—	—	7
Manorcunningham	—	2	—	1
Moville	6	—	1	7
Pettigo	9	—	—	1
Ramelton	1	—	—	—
Raphoe	1	—	5	2
Rathmullan	2	—	—	—
Rosguill	15	—	—	1
Stranorlar	12	22	—	—
Tanatallon	—	1	1	—
TOTALS	246	75	38	47

* One case of Typhus was notified from this Dispensary District.

ENTERIC FEVER

It will be seen that the year was marked by a very large number of Enteric Fever cases, which were not confined to any particular area in the County. The outbreak in the County Home, which was responsible for nineteen of the cases returned as having occurred in the Stranorlar Dispensary District, caused much alarm in view of the almost primitive sanitary arrangements prevailing in the Home and the large number of residents sheltered under its roof, and there is little doubt that, were it not for the energetic measures taken by this Department with the active co-operation of the Medical and Nursing Staff, many others would have been stricken by the disease. The ten cases notified in the Killygordon Dispensary District were all members of one family. The Cross-roads No. 1 epidemic, which occurred in the Killult district, lasted over a period of four months and affected the members of four different families living close together.

Investigation of individual cases all over the County brought forth the evidence that Domestic Sanitation was largely responsible for the periodic occurrence of this and other diseases. The big majority of the dwellings visited showed a combination of sanitary circumstances—such as defective house and yard drainage, unpaved or badly paved yards, soil pollution in the neighbourhood of the house, and the complete absence of privy or closet accommodation—which favour so much the continued presence of this type of Disease.

PROPHYLACTIC INOCULATION

Towards the close of the year the practice of inoculating contacts with prophylactic doses of Anti-Typhoid-Paratyphoid Vaccine became generally recognised as a most effective measure in controlling the spread of the Enteric Fever group of Diseases and, in the case of those people already incubating the disease or becoming infected soon after, of reducing the severity of the symptoms and curtailing the period of actual illness. Those of the earlier outbreaks, in which preventive inoculation of contacts was not carried out, claimed more than their fair quota of victims and were responsible for the occupation over a long period of more Hospital accommodation than need ever again be the case. Each Medical Practitioner and, especially, each Dispensary Medical Officer, should henceforth have a supply of fresh T.A.B. Vaccine at hand and advise all Typhoid and Paratyphoid contacts that they should submit themselves to inoculation.

CARRIERS

In a County like Donegal, which has never been free in any part from Enteric Fever, the proportion of "Carriers" amongst those who have suffered and recovered from the Disease must be con-

siderable. These people, though apparently in perfect health, still harbour in their bodies the germs of the Disease and, either occasionally or continuously, pass them in the faeces or urine. Their hands and clothing, in the absence of extreme cleanliness, become infected and the food they touch—the majority of the Carriers are women—become a source of danger to the other members of the household. Similarly, where the domestic sanitation is crude and the sanitary accommodation defective, flies and rats are capable of conveying the infection from excreta to the food and, through it, to the unsuspecting systems of other members of the household.

Hence the necessity—which I wish to emphasize—of practising extreme cleanliness in the handling and preparation of food, the urgency of eliminating all defects in domestic sanitation, and the advisability in every case of inoculating all contacts in the presence of the disease.

DIPHTHERIA.

Seeing that Diphtheria must now be looked upon as being to a greater extent an urban than a rural disease, it is of interest to note that almost half of the cases notified during the course of the year under review occurred in one entirely rural Dispensary District in Inishowen. The result of my inquiries leads me to believe that the disease has been endemic in this particular locality for many years, localised epidemic extensions taking place from time to time. The diphtheritic contagion is given off from the body in the secretions of the mouth, nose, and throat; and, though not considered to be far diffusible in the air, it may cling for a time to infected articles of clothing and bedding. School attendance is undoubtedly a strong factor in the spread of the disease, the infection being conveyed by mild or unrecognised cases—especially in elementary schools where the classrooms are often badly ventilated and overcrowded, and the children are brought into close contact at the most susceptible age-periods. Faulty sanitary home-surroundings—dampness, defective drainage, and filth accumulation—have also a decided influence in the production of Diphtheria inasmuch as they give rise to a morbid condition of the Tonsils favourable to the growth of the Diphtheria Bacillus if implanted thereon.

TYPHUS FEVER

Only one case of Typhus occurred in the County during the year 1930. It will be remembered that the last epidemic of this dread disease occurred in the Lismonaghan district of Letterkenny in March 1927, when some two dozen cases contracted the infection, and five families, in all, were affected. Essentially a disease associated with filth and vermin, it is to be hoped that we have seen the last of it in the County.

SCARLET FEVER

At no time during the year 1930 did this disease assume epidemic proportions in any part of the County. All the cases were, happily, of a mild type and none of them ended fatally.

FEVER HOSPITALS

Cases of Infectious Diseases are received at Letterkenny, Donegal, and Carndonagh in Special Fever Blocks, there being in all accommodation for 70 beds for the treatment of such cases. In an early monthly report (February 1930) to the Board of Health I pointed out that only one of the three Fever Hospitals—that at Letterkenny—had been renovated and modernised, and that in none of them had there yet been installed an apparatus for the efficient disinfection of clothing and bedding. The Block at Donegal has since been considerably improved, and certain works of a minor nature have been carried out in Carndonagh, but further improvements and alterations will have to be carried out to even the best of them, before these Institutions can be considered really suitable for the reception of fever patients. The absence of proper disinfecting facilities is a very serious matter and calls for early attention on the part of the Authorities.

The total number of patients admitted to the Fever Hospitals in the County during the eleven months ending 31st. December, 1930, was 132. This figure included 71 Enteric Fever cases, 33 cases of Diphtheria, 17 cases of Scarlet Fever, 3 cases of Erysipelas, and 8 cases of other diseases.

TOWN SANITATION

WATER-SUPPLY AND SEWAGE DISPOSAL

Only a small number of the many towns in the County possess an efficient water-supply and a complete modern system of sewage disposal. In this matter, the Sanitary Authority is faced with what seems at first sight to be a rather formidable task. The towns are so small in size and population that the cost of each separate scheme appears to be unduly high in proportion to the number of occupiers immediately served by it. The Board of Health has, since its formation, done a good deal towards installing new (though not always complete) systems and in keeping old systems in repair; but the insanitary conditions which obtain in the majority of our towns are such that they call for a very definite "plan of campaign" on the part of the Health Authority.

Such a plan as I have in mind would entail, as a first step, the making of a complete survey of the requirements in this regard of each town and village in the County Health Area together with a

rough estimate of the cost in each case. With this information before them, the Board would then decide what annual expenditure they could undertake in connection with these Schemes and determine the number of years in which they could reasonably hope to complete them. Detailed plans and specifications could then be prepared and the works proceeded with—one or more each year according to their size and cost—in the order of their urgency. Ten years of sustained activity along these lines should see all the more important towns supplied with a suitable Water-Supply and an adequate Sewerage System, and in a few years more the requirements of the remaining towns and villages would be satisfied.

The adoption of a ten, or twelve, year plan on the lines here indicated seems to me to be the best practical way of dealing with a very pressing problem, the solution of which is so essential to the health and comfort of our town-dwellers and is, in addition, a necessary preliminary to the development of the towns themselves—many of which have big possibilities as holiday and tourist resorts.

The question of the Area of Charge, which invariably gives rise to trouble in the early stages of undertakings of this kind, is one which I do not propose to discuss at this stage further than to record my emphatic conviction that the chargeability for all Public Health Works—especially major works—should be distributed over as wide an area as possible. The recent Act of Dail Eireann, which empowers County Councils to levy a special rate for the purpose of Water and Sewerage schemes, places the Sanitary Authority in a much stronger position, than it has been in heretofore, for carrying out a policy of sustained effort in dealing with this very important Public Health problem.

Works carried out during the year under this heading include Improvements to the Sewerage Systems of Lifford, Mountcharles, and Carrigart—all of which schemes might be placed in the category of minor works.

The Ballybofey-Stranorlar Waterworks, owing to unforeseen difficulties, made but poor progress during the year.

Schemes in contemplation towards the end of the year and expected—with the aid of Grants from the Relief of Distress Fund—to be under way early in 1931 include new Water Supplies for the towns of Carndonagh, Ballyliffin, and Kilear; extensions and improvements to the Water Supplies at Milford, Dunfanaghy, and Castlefin; and the provision of additional sewers at Ardara, Ballyshannon and Castlefin.

The towns of Mountcharles and Killybegs are both in urgent need of a Water Supply—especially the latter, whose ordinary population of 571 is during the fishing season augmented by from 400 to 600, if I am reliably informed. The inadequacy of the

Water Supply to Donegal town is a constant source of complaint, as is also the unsuitability and inefficiency of a large portion of the Sewerage System there. Dungloe is in a particularly bad way for a modern system of sewage disposal, the existing arrangements being of the most primitive kind and, in parts, constituting a serious nuisance. I should like to see the claims of these four towns receive the consideration of the Board as early as may be convenient.

REFUSE DISPOSAL

The health and comfort of a town community are dependent in no small measure on the speedy removal from the vicinity of dwellings of refuse of all sorts, but particularly of such as contain decomposable organic matter, animal and vegetable. The larger the town and the denser the population, the more frequently should these removals take place.

Public dumping grounds are not provided in many of the Towns of the County, and where they are provided, they are—I regret to say—but sparingly used. Infrequent removal and indiscriminate dumping of domestic and trade refuse are the rule, open spaces and derelict sites being, because of their convenience, mainly favoured. The general result is that in the majority of our Donegal towns the condition of back yards and laneways is anything but wholesome and the main thoroughfares are marred by accumulations of refuse which are dangerous to the health of the inhabitants and offensive to the eye of the visitor.

The activities of the Sanitary Sub-Officers brought about a certain improvement in a few of the towns during the course of the year, but it is, by no means, easy to secure satisfactory or permanent results. It behoves the local Public Health Committees and the householders themselves to bestir themselves in this matter and to organise a cleanliness campaign, devising such a system of scavenging as will meet requirements, in order that their towns—so many of which, with a little effort, could be made quite attractive and picturesque—may be freed from these eye-sores and from this source of nuisance and danger. Especially is this necessary in those towns which are favoured as holiday and tourist resorts, and in those others, which have ambitions in that direction.

ORGANIZATION OF SANITARY SERVICES

Activities under the heading of General Sanitation have hitherto devolved entirely upon the District Medical Officers of Health, the Sanitary Sub-Officers and the Executive Sanitary Officer (who is the Secretary to the Board of Health). There are thirty-eight Dispensary Districts in the County. The Dispensary Medical Officer is also Medical Officer of Health for his district, in which latter capacity it is his duty to insure that owners and occupiers

keep their dwellings and premises in a proper sanitary condition. The thirty-eight District Medical Officers of Health are assisted by eighteen Sanitary Sub-Officers, whose duty it is to make regular routine inspections in their respective areas—and special inspections as occasion demands—and report to their Medical Officers any nuisances or insanitary conditions they discover. In addition, they must forward each month to the Board of Health a report containing a summary of the work done during the previous month. The Medical Officer of Health also submits to the Board a report on every case referred to him by the Sanitary Sub-Officer, together with his recommendations thereon; and it is the Board's duty—through their Executive Sanitary Officer—to have these recommendations put into effect and to order prosecution in any case in which the terms of the notice are not complied with within a certain specified period.

This Scheme, which looks quite well on paper, has had but poor results in practice. The majority of the Sanitary Sub-Officers—who occupy the key-position in the Service—were appointed years ago by the now defunct Boards of Guardians; none of them had any special training for the work previous to their being appointed, and my experience tells me that their ability to acquire a working knowledge of the duties they were to discharge was not always taken into account; there was never any proper supervision over their activities; and their remuneration, in some cases as low as £4 per annum, was not sufficiently attractive to arouse enthusiasm or stimulate ambition. Under these circumstances, it is not to be wondered at that neither the amount nor the quality of the work done under the Scheme reached a high standard.

An attempt was made during the year to render this Service somewhat more efficient and to establish a uniform and better system of working. It was early discovered, however, that a number of the Sanitary Sub-Officers had long out-grown their period of usefulness—some of them had completely forgotten anything they ever knew about Sanitary work—and that those of them who displayed any degree of competency were paid at such a low rate and were responsible for such large areas that it would have been unreasonable to insist on frequent routine inspections. Under these conditions, no very marked improvement could be expected; nor was it effected.

The post of Sanitary Sub-Officer—belonging as he does to the advance guard of the Public Health Army—is a much more important one than the layman even to-day appears to realize, and nowadays the tendency all round is to appoint whole-time Sanitary Inspectors, who have undergone a recognized course of training in the various duties attaching to the post. It would prove rather costly in a County of the size and nature of Donegal,

if we were to follow the example of other Sanitary Authorities in the Saorstát in this respect, and I see no reason—beyond that of dual control, which does not constitute an insurmountable difficulty—for divorcing the duties of Home Assistance Officer and Sanitary Officer, provided that the individuals appointed have the necessary qualifications and experience in the duties of the Sanitarian and that the offices are whole-time ones. With from six to eight officials of this kind—each operating over a fairly extensive area—the cost of the combined services would not be more than it is at the moment, and the quality of the work done in both branches would be infinitely better. As all recent appointments have been made on a temporary basis only, a beginning can soon be made in the very necessary task of re-organising the Sanitary Service in the County, and it is, I submit, along the lines I have here sketched that such re-organisation should proceed.

DAIRIES AND COWSHEDS

The Dairies and Cowsheds Order is administered through six Veterinary Inspectors, assisted by twelve Dairies and Cowsheds Inspectors. These latter are on a par with the Sanitary Sub-Officers—many of them are also Sanitary Sub-Officers—and the quality of the work done by them during the year was far from being satisfactory. Though very desirable, there is no direct association between the Veterinary Inspectors and the County Health Department.

WELFARE OF THE BLIND

In the year 1928, the Board of Health and Public Assistance, with the approval of the Minister for Local Government and Public Health, adopted a Scheme for the Welfare of the Blind in County Donegal, the provisions of which are as follows:—

- 1 In this Scheme, the term “blind person” shall mean any inhabitant of the County who is so blind as to be unable to perform any work for which eyesight is essential; the term “the Board” shall mean the Donegal Board of Health and Public Assistance; the term “the Minister” shall mean the Minister for Local Government and Public Health.
- 2 The Board will establish and maintain a Register in which shall be entered the name and address, age, sex, religion and other necessary particulars of every blind person who shall produce a certificate from a recognised Ophthalmic Surgeon, or the Medical Officer of a County or District Hospital, that the acuity of vision of such person (refractive error being corrected) is below $\frac{1}{20}$ th, normal ($\frac{3}{60}$ ths. Snellen). This Register shall be kept written up to date and shall be revised annually in the month of January on reports from Home Assistance Officers. The Board shall be empowered to pay reasonable fees to Ophthalmic Surgeons, or

the above-mentioned Medical Officers, for the certifying in cases of necessitous persons.

3 Arrangements will be made by the Board with the authorities of one or more of the Institutions for the Blind mentioned in the Schedule hereto on such terms as may be approved by the Minister for the following purposes :—

- (a) The education or industrial training of suitable blind persons between the ages of five years and thirty years.
- (b) The employment in Workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages.
- (c) The maintenance, in Homes, of blind persons, who, owing to age or infirmity, are incapable of work.

4 The Board may, in the case of unemployable and necessitous blind persons living in their own homes or in lodgings, grant such assistance as may afford a weekly income from all sources to such persons on the following scales :—

- (a) Blind persons over 15 years and under 50 years of age..10/-
- (b) Blind persons of 50 years of age and upwards.....3/-
(with pension).
- (e) Married man under 50 years of age with wife 15/-
- (d) Married man 50 years of age and upwards with wife....8/-
(with pension).

(c) Addition to weekly income for each child :—

First Child	2/-
Each other Child	1/-

5 Nothing in this Scheme is to be constructed as giving blind persons, irrespective of their means or conduct, a right absolute to assistance, and the Board shall be entitled to refuse assistance under the Scheme to any blind person, who, in their opinion, is not in need, or who refuses to take advantage of the facilities for education, training, or employment, under the Scheme, or who is, by conduct or otherwise, deemed unsuitable for assistance. No habitual mendicant shall be granted an allowance under the Scheme unless the practice of mendicancy is discontinued.

6 This Scheme shall come into operation on the 20th March, 1928, and shall continue for a period of three years but may, during the period, with the consent of the Minister, be modified, extended, or revoked by the Board, or, with the like consent, continued for such further time as may be deemed necessary. Any question, dispute, or difference arising in connection with the Scheme shall be determined by the Minister, whose decision shall be final.

SCHEDULE

INSTITUTIONS FOR THE BLIND APPROVED BY THE MINISTER	CLASS OF BLIND PERSONS RECEIVED.
1 St. Mary's Institution for Female Blind, Merrion, Co. Dublin.	Females; also boys up to 7 years of age.
2 St. Joseph's Asylum for Male Blind, Drumeondra.	Males.
3 Richmond National Institution for Industrious Blind, 41 Upper O'Connell Street, Dublin.	Males.
4 Cork City and County Asylum for the Blind, Infirmary Road, Cork.	Males and Females.

At the end of the year under review, five persons were being trained or employed in Industries in accordance with paragraphs (a) and (b) of Article 3, and eleven persons were in receipt of weekly cash allowances in accordance with the provisions of Article 4 of the Scheme.

TUBERCULOSIS

A Scheme for the Diagnosis, Treatment and Prevention of Tuberculosis had been in operation in the County some thirteen or fourteen years before I entered office as County Medical Officer of Health. The Central Tuberculosis Dispensary was at Letterkenny, where Clinics were held once a week, and Branch Clinics were held monthly at the following eighteen Centres:--Ardara, Ballyshannon, Bunbeg, Bunerana, Carndonagh, Carriek, Carrigart, Clonmany, Crossroads No. 1, Donegal, Doochary, Dungloe, Glenties, Killybegs, Milford, Moville, Stranorlar, and Tamney.

This Department had not been long established before it was realised that the facilities afforded under the County Tuberculosis Scheme were not being availed of to anything like the extent that they should be. The attendances at the Clinics were practically negligible—all but a few of the patients on our Registers having to be seen in their homes; new patients were already in an advanced stage of the disease when they first thought of consulting, or agreed to see the Tuberculosis Medical Officer; there was considerable difficulty in persuading patients to accept institutional treatment, or to remain long enough under such treatment; other members of the family obviously tuberculous and contacts generally refused to submit themselves to examination and to accept advice and treatment; it was impossible, in many cases, to secure the isolation of patients or to induce them to leave their insanitary and uncomfortable homes for the hospital ward; the chilliest of receptions not infrequently awaited the Medical Officer on his round of domi-

iliary visits, as if he were the emissary of death rather than of healing; deaths from the disease in cases which had never been seen by any doctor were not rare.

Such, in brief, were the conditions which this Department decided it would strive to remedy by inaugurating an intensive campaign—to last over a period of some months. More frequent Clinics were arranged at the most suitable Centres; an effort was made to secure the more active co-operation of Medical Practitioners and to recruit the assistance of the more enlightened members of the community and of all those in a position to influence public opinion in favour of the Scheme. Our energies were mainly concentrated on this campaign during the first ten months of the year, and the figures in the accompanying copy of a report (see page 23), which was submitted to the Minister at the end of the year, prove that our efforts were not unfruitful. The actual attendances at the Clinics gradually grew; no fewer than 339 new patients were seen during the course of the year; and at the end of the year 402 patients were on our books as receiving treatment (as against 178 at the beginning of the year), while 93 patients were under observation. The number of notifications received from Medical Practitioners rose from 49 in 1929 to 246 in 1930.

I am not, however, to be taken as registering complete satisfaction with the results of the year's work. The improved figures were the result of intensified activity involving the tracking down, so to speak, and the rounding up of patients—new and old—in their homes and the expenditure of much time and energy in individual propaganda, and cannot be attributed to any real change in the attitude of the people towards the Scheme. When, on launching the School Medical Service in the month of November, it became necessary to reduce the number of Clinics to their former level and it was no longer possible, owing to the added duties, to spare the time for uninvited domiciliary visits, the monthly return figures corresponded more nearly to those of the early months of the year. Except for some half-dozen Dispensary Districts, there has been no improvement of a lasting character.

Wherein, I am tempted to ask, lies the reason for the failure (failure it must be called) of the Anti-Tuberculosis Campaign in this county? I have little hesitation in supplying the answer and stating that it has failed for one reason and for one reason only, viz., that it has always been a Campaign of One Man—and that one man an Official! It is impossible for one individual to enter the homes of over 30,000 families and preach his gospel of health and hygiene to the population of a large scattered county like Donegal. In the absence of co-operation on the part of enlightened

COUNTY DONEGAL.

Return of Number of Patients treated under the County Tuberculosis Scheme during the year ended 31st. of December, 1930.

	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis			Total
	Child- ren under 15 years	Other Persons		Child- ren under 15 years	Other Persons		
		Male	F'male		Male	F'male	
I Insured Patients							
(1) No. remaining under treatment :							
(a) On 1st Jan. 1930		11	13		3	1	28
(b) On 31st Dec. 1930		20	26		3	3	52
(2) No. of new patients treated during year		12	24			3	39
(3) No. of cases under observation at close of year		1	3				4
II Other Patients							
(1) No. remaining under treatment :							
(a) On 1st Jan. 1930	4	59	52	21	9	5	150
(b) On 31st Dec. 1930	11	117	104	64	32	22	350
(2) No. of new patients treated during year	14	90	101	50	28	17	300
(3) No. of cases under observation at close of year	23	18	26	17	2	3	89

opinion, he cannot carry on an effective propaganda or educate the public in matters relating to their health—and that co-operation has not been forthcoming to any appreciable extent. In certain of the Continental Countries where, to my own knowledge, the Anti-Tuberculosis and allied campaigns have been really successful, local voluntary organisations—acting under the guidance of the County Medical Officer of Health—have played a very prominent part in bringing about that success. I have long been convinced that the establishment of Parish Committees or Health Clubs, which would serve as a liaison between the Public Health Department and the people and take an active interest in local health problems, is a necessary preliminary to the success of Schemes, like our Tuberculosis Scheme, which depends so much on the dissemination of knowledge and the cultivation of a spirit of mutual help in sickness. I would commend the idea to the consideration of those people—their number must be considerable—who are interested in the sociological and health problems of their districts.

When, as has been mentioned above, the Scheme for the Medical Inspection and Treatment of School-children came into operation towards the end of the year under review, it became necessary to lessen our activities in connection with the Tuberculosis Scheme. Fortnightly Clinics are now held at Letterkenny and Carndonagh in the north of the County, and at Donegal and Glenties in the south; monthly Clinics are held at Ballyshannon, Bunbeg, Buncrana, Carriek, Dungloe, Falcarragh, Milford, Moville, Muff, Pettigo, and Stranorlar; Clinics are held every alternate month at Lifford and Raphoe, and at Tamney and Carrigart; in addition, patients are seen, by request, at other dispensaries en route, and Arranmore Island is visited as required.

The accommodation for the treatment of Tuberculous Patients in the County Institutions comprises 54 beds for pulmonary cases in Special Wards in the Donegal, Glenties, and Carndonagh District Hospitals, and 10 beds at Lifford for non-pulmonary cases. There is also an arrangement by which suitable pulmonary cases can be transferred for treatment to Peamount Sanatorium, on the recommendation of the Tuberculosis Medical Officer being sanctioned by the Board of Health. Non-pulmonary cases may be admitted in a similar way to St. Mary's Open-Air Hospital for Children at Cappagh, St. Joseph's Open-Air Hospital at Coole, or to a general Hospital in Dublin.

I shall conclude this section by quoting the following paragraph from my Monthly Report for January, 1931:—

“It will be obvious to anyone who takes the trouble of

enquiring into the matter that the County Scheme for the Prevention of Tuberculosis affords a Service which is, at least, reasonably good. Unfortunately, it will be equally apparent, on but little investigation, that this Service is not being availed of as it might be. We, who are responsible for the organisation and administration of the Service, have many difficulties to contend with, not the least formidable of which is the apathy of the general public. While a certain amount of progress has been made in the last twelve months—as shown by the increased attendances at Clinics, the number of new patients seen, and, to a lesser extent, the stage in the illness at which our advice was sought—I have to admit with disappointment that in the majority of districts (in all but five or six) the response to our request for co-operation, so frequently made and so vital to the success of the Scheme, has fallen far below our expectations. I again invite the active interest and goodwill of all persons who are in a position to influence public opinion, and, more particularly, the assistance of Medical Practitioners in the County, with a view to securing that this Service is availed of in a degree commensurable with its importance in the health and life of the people.”

MATERNITY AND CHILD WELFARE

Maternity and Child Welfare Schemes are in full operation in those districts—ten in all—which are fortunate enough to be served by District or Jubilee Nurses. In addition to the ordinary nursing qualifications, these ladies hold the C.M.B. Certificate and have had special training in Health Visiting and District Nursing. They do excellent work and their services are much appreciated by this Department, as well as by the people amongst whom they minister.

DISTRICT.	Expectant and Nursing Mothers	Children under 5 years of age.
Annagry	104	198
Arranmore	40	161
Ballintra	80	139
Ballyshannon	67	157
Bruckless	31	52
Buncrana	109	568
Derrybeg	119	231
Glencolmkille	74	201
Gortahork	130	251
Letterkenny	111	221
TOTALS	865	2,179

The return on the previous page shows the number of Expectant and Nursing Mothers on the books of these Nurses at the close of the year and also, the number of children under five years of age who were regularly visited by them during the course of the year.

It is hoped gradually to extend this invaluable Service to other parts of the County, in certain areas of which the need for establishing a Child Welfare Scheme is very urgent indeed. Aided by the Notification of Births Acts, which came into force in the County on 1st October, 1930, my Public Health Nurses will, later, be able to devote a small portion of their time to Child Welfare work in districts not served by either District or Jubilee Nurses; but their activities in this sphere will, of necessity, be very limited and must be confined to picked cases.

SCHOOL MEDICAL INSPECTION

I had hoped to be in the position by the beginning of October to launch the Scheme for the Medical Inspection and Treatment of School-Children in the County, but, owing to the delay in appointing my second Assistant and the whole-time Public Health Nurses, it was not possible to do so until a date about mid-November. The technical survey of the work done in this branch of the County Health Service during the fag-end of the year will be incorporated in the School Medical Report for the year 1931, and I do not propose here to do more than outline the arrangements made in connection with the Scheme and touch on certain general aspects of it.

There are 400 National, or Elementary, Schools in County Donegal with a total school population of over 27,000 children. In view of the scattered nature of the county and the large number of children on the school rolls, it was felt that it would be impossible with the existing staff to follow the procedure, adopted in other parts, of examining each child three times during its school-life and, at the same time to carry out an inspection of each school once a year. The Scheme was, accordingly, modified to provide for the thorough and systematic examination each year of all children falling within two age-groups, viz., those between six and seven years, and twelve and thirteen years—entrants and leavers—and, also, of children outside these age-groups whom the Teacher, as a result of his own observations, or the Parents themselves, desired to have examined. This arrangement secures that no child, attending school on the date of the inception of the Service, will go out into the world without being medically examined and that, henceforth, each child entering school will have the benefit of a full medical examination on not less than two occasions during its school-going years and be afforded

every facility for obtaining any treatment that may be considered necessary.

Judging by the proportion of children outside the age-groups who were examined at the special request of their parents, it was already apparent at the end of the year, when the scheme had been in operation only a few weeks, that the chances of completing the first round of the Schools within twelve months were very small indeed. Inasmuch as this indicates that the Scheme was welcomed and appreciated even in its early days, when but little could have been known of its purport or scope, we regard this error of calculation on our part as of happy augury. There will be no difficulty in making the requisite adjustments as the scheme develops.

The success of the School Medical Service depends very largely at all times, but more especially during the initial years of its operation, on contact being established between the School Medical Officer and the individual parents. Parents and guardians are invited to be present at the school at the actual examinations of their children both by circular letters and, through the courtesy of the Clergy, by Church announcements, and the manner in which they responded and attended at those schools, which were inspected during the close of the year, has, on the whole, been very encouraging. A special word of appreciation and gratitude is due to those of the School-Managers and School-Teachers, whom we have had occasion to approach in making the preliminary arrangements for inspection, for the very valuable assistance which they extended to us in our first efforts.

With the exception of some minor details, final arrangements were made during the last few months of the year for the treatment of the main defects likely to be discovered during the course of Medical Inspection. Throat defects are to be treated at the Letterkenny, Donegal and Lifford District Hospitals; dental defects will be attended to by the School Dental Officers at Clinics, which will be arranged at centres to suit, as far as possible, the convenience of parents and children; Eye Clinics will be conducted by the School Medical Officers themselves for the treatment of defective vision; arrangements have been made for the supply of spectacles at a very low price; and the under-nourished and so-called "pre-tubercular" child may be seen, as required, at our special Children's Clinics, to be held on the same days and at the same Centres as the Tuberculosis Clinics.

COST OF TREATMENT

Under the School Medical Scheme—whose aim, to put it briefly, is the prevention of disease by the timely removal of the cause of disease in the child population of school age—the Board of Health

provides free medical examination and free medical advice, through its School Medical Officers, to all School-children in the County, without regard to the circumstances or means of their parents. The Board does not, however, undertake to defray the cost of treating the defects discovered during the course of inspection; but, as an integral part of the Scheme, it has made arrangements, which bring specialist treatment within the reach of everybody and which leave no parent with the shadow of an excuse for neglecting to have the defects and ailments of his children attended to.

The very poor and those entitled to relief will receive all treatment, whether at the School Clinics or in the County Hospitals, entirely free.

The well-to-do amongst the parental body are expected to make their own arrangements with their family physicians, surgeons, and dentists—as the case may be—and with whatever institutions they favour for the treatment recommended to them on behalf of their children.

It is for that body—the large majority—of the parents in the County, who are not entitled to relief and, yet, are not in a position to pay the full fees ordinarily charged for treatment, particularly when such treatment is of a specialist nature, that the Board had specially to legislate and to arrange a scale of charges which they could reasonably be expected to pay for the remedying of the main defects likely to be discovered amongst their children. In laying down this scale, regard was had to the fact that there would be a limited number of parents of this class, who—in the case of certain defects or of a number of children requiring treatment at the same time—might find the fee too high and, in these cases, the Board will accept, and will expect to have paid, such portion of the amount as their means will permit.

The fee for the operative removal of Enlarged or Diseased Tonsils and Adenoids has been fixed for this class of parent at One Guinea—a figure, which would ordinarily be charged for the maintenance of the child in Hospital but which, under the School Scheme, covers the Operating Surgeon's and Anaesthetist's fees as well as maintenance in the institution. While we would prefer, for the sake of convenience, to have the children treated in the particular Hospital which serves the area, in which they reside, we have no objection to a parent selecting any of the other District Hospitals recognised for the purpose.

Dental Caries and Visual Defects will be treated free at the School Dental and School Eye Clinics conducted by our own officers, irrespective of the family circumstances of the child; but in those parts

of the County, where facilities are at hand, parents are expected to consult their own Dentists and Eye Specialists when they can afford to do so. Arrangements were concluded early in the year 1931, by which the more difficult eye cases, including those requiring operative interference and institutional treatment, may be referred to the Eye and Ear Hospital, Derry, and full ophthalmic treatment obtained at a figure which will not over-tax the average purse—half a guinea per child for refractions and four shillings and sixpence per day for intern cases. Spectacles are supplied through the Board's Contractors at such an extremely low cost that only in very few cases can there be any excuse for non-payment.

The Board of Health and this Department trust that parents and guardians, realizing the value of the facilities which the School Medical Service places at their disposal, will in every case follow the advice given to them by the School Medical Officers on behalf of their children and that they will make a special effort to meet their obligations in the matter of the cost of treatment. The responsibility for the treatment of School-children rests upon the parents themselves, and not upon the Board—whose duty has finished when it has created all the necessary facilities for obtaining treatment. In this connection, I take the liberty of quoting the following words of His Lordship, the Most Rev. Dr. McNeely, Bishop of Raphoe, who, commending the School Medical Service in his latest Lenten Letter, said :—

“ The ideal, one assumes in this as in other public welfare schemes, is to help people to help themselves. It were a pity if the sense of parental responsibility were lessened in any way, or any feeling created that the State was going to relieve parents of many of their burdens.”

FOOD AND DRUGS ACTS

So far, the County Health Department is without voice or control in the administration of the above Acts. The work of sampling is carried out by the Garda Síochána, eighteen of whose members acted as Food and Drugs Inspectors in the Administrative County of Donegal during the year 1930. That they have not been idle is abundantly evidenced by the figures given in the accompanying table, which were kindly supplied to me by the Secretary to the County Council.

RETURN OF SAMPLES ANALYSED DURING YEAR ENDING 31st DECEMBER, 1930

ARTICLE	No. of Samples	No. Genuine	No. not Genuine	ARTICLE	No. of Samples	No. Genuine	No. not Genuine
Apple Jelly ..	1	1	0	Linseed Meal ..	1	1	0
Apples ..	2	2	0	Mince Meat ..	12	12	0
Butter ..	112	106	6	Margarine ..	53	52	1
Buttermilk ..	25	22	3	Marmalade ..	12	12	0
Bacon ..	10	10	0	Maize ..	1	1	0
Baking Soda ..	25	25	0	New Milk ..	182	160	22
Brandy ..	1	1	0	Oaten Meal ..	4	4	0
Bread ..	3	3	0	Port Wine ..	9	9	0
Cream of Tartar ..	30	30	0	Pepper ..	2	2	0
Cheese ..	24	24	0	Rum ..	15	14	1
Coffee ..	4	4	0	Raisins ..	2	2	0
Cornflour ..	2	2	0	Rice ..	6	6	0
Cocoa ..	8	8	0	Sugar ..	28	28	0
Condensed Milk..	1	1	0	Sausages ..	1	1	0
Cordial ..	1	1	0	Snuff ..	1	1	0
Cream Custard ..	1	1	0	Suet ..	1	1	0
Currants ..	1	1	0	Stout ..	1	1	0
Dates ..	1	1	0	Syrup ..	2	2	0
Flour ..	23	23	0	Tea ..	40	40	0
Gin ..	3	3	0	Tapioea ..	1	1	0
Ginger Wine ..	1	1	0	Vinegar ..	3	3	0
Indian Meal ..	4	4	0	Whiskey ..	171	138	33
Ice Cream ..	1	1	0				
Jam ..	36	36	0				
Lard ..	7	7	0				
				TOTALS ..	875	809	66

CONCLUSION

The task of organising, ab initio, a County Health Department in all its numerous and varied branches is one which cannot be accomplished in a year or two. This explains the absence of any reference in this report to certain other activities such as the administration of the Vaccination Laws and the Supervision of Midwives, which fall within the sphere of my duties, but which it was not possible to undertake during my first year in office.

SEAN Ó DEAGHA,

Liaigh-Fheadhmannach Contae.



